

Universal Competencies (Address all)	Required Areas of Care (Address all)
<p>*Health Care Team Collaboration: Nurse to assess and maintain Freddy's airway, breathing, and circulation; monitoring vital signs; managing pain; wound care. Nurse also needs to be assessing Freddy's psychological behavior. Respiratory therapist to provide treatment for Freddy's lungs. Cardiologist needs to be on board for the patient's CHF. Nephrologists needs to be on board for the patient's renal disease. Endocrinologist need to be on board for the patient's diabetes. Freddy's blood sugar needs to be controlled, so he can heal. Pain Doctor if the patient's pain is not getting better. Freddy's elevated sugar regards to insulin therapy could be caused by his pain. Surgeon post op to check on wound. Physical Therapy to help the patient rehabilitate following the amputation and to prevent contractures. Occupational Therapist to identify the patient's functional goals such as self-care, home management, leisure activities and offer modifications to complete these goals if required. Pharmacist for the patient's medications. Dietician to help plan a diet that is heart healthy and helps with healing. Chaplain for the patient's spiritual needs. Social Worker to help find community resources and home health. Freddy voiced concern about having difficulty caring for himself at home. Behavioral health to address patient's psychological needs. Freddy didn't want to look at the operative leg.</p> <p>*Human Caring: I would show human caring by acknowledging Freddy when entering the room. I would introduce myself to him. Then, explain what I am there to do and how long it will take. Lastly, I would thank him for his time and address his pain, see if he needs the bathroom, make sure he is comfortable and see if he needs any of his belongings.</p>	<p>*Assessment & Evaluation of Vital Signs: BP – 150/90</p> <ul style="list-style-type: none"> I think the patient's blood pressure is elevated due to the amount of fluids he is receiving. Also, his kidney failure and CHF. The patient is also in pain, so that could be a cause. <p>HR – 88</p> <ul style="list-style-type: none"> WNL. I will continue to monitor. <p>RR – 22</p> <ul style="list-style-type: none"> I think the patient's respirations are increased because of his pain. Also, the patient's lower lobes of his lungs have coarse crackles and his SaO2 is 91% patient could be fluid overloaded and working harder to breathe. <p>SaO2 – 91%</p> <ul style="list-style-type: none"> The patient's lower lobes of his lungs have coarse crackles patient could be fluid overloaded. I would re-evaluate the amount of NS infusing and apply supplemental O2 via NC. <p>Temp – 99.2</p> <ul style="list-style-type: none"> Still WNL but getting close to a low-grade fever. I would monitor temperature closely. <p>*Fluid Management Evaluation with Recommendations:</p> <p>The patient has NS infusing at 150 ml/hr. I think the amount of fluid is too much for a patient with CHF and Renal failure. I would decrease the rate.</p> <p>*Type of Vascular Access with Recommendations:</p> <ul style="list-style-type: none"> R AV fistula that has a palpable thrill and audible L FA peripheral IV <p>Since the patient has NS running and might be having fluid over, I would start another IV for possible other medications.</p>

***Standard Precautions:**

Upon entering the patient's room, I will do hand hygiene and prn as needed. I will maintain aseptic technique, and I will wear gloves whenever I am assessing the patient and during medication admin. During the IV assessment, I will verify all ports have a swab cap and will clean the ports before administering medication. For Freddy's Insulin, I will have another nurse verify the units with me. I will assess dressings/drains frequently and change as needed. I will use hospital policy.

***Safety & Security:**

Upon entering the patient's room, I will use AIDET to communicate. I will identify the patient using two identifiers and verify allergies. I will follow safety protocols such as siderails x3 up, bed down, non-skid socks and the room is free of clutter. When I pull the medications, I will verify the orders with the eMAR and document accurately. I will educate the patient and address needs. I will follow HIPPA and keep patient information and chart confidential. When assessing the patient, I will promote the patient's dignity and only expose the area I need to. Before leaving the room, I will address the 4 Ps (pain, position, potty, possessions) with the patient and make sure the patient's call light is with the patient. Lastly, go over the red rules again to maintain safety.

***Type of Medications with Recommendations:**

Antiemetic - Freddy is experiencing nausea and vomiting.
Pain - Freddy had a leg amputation and will need pain medications. I would suggest NSAIDs, Opioids and Anticonvulsants for nerve pain.
Antidepressants - Freddy had his leg amputated and has a high risk of depression.

***Oxygen Administration with Recommendations:**

Freddy is currently on room air, and his O2 is 91%. I would apply supplemental oxygen via nose canula at 2L to see if his oxygen saturation will increase.

***Special Needs this Patient Might Have on Discharge:**

The occupational therapist may arrange a visit to Freddy's home to see if it accessible to him. Freddy might need a wheelchair, so he might need a ramp or a more accessible shower. Freddy would need pain management for his stump pain, phantom limb pain, and musculoskeletal pain. Freddy would need to be educated on stump hygiene. He would also need psychosocial visits to address bereavement of the loss of a limb, depression management, changes in social life, societal perceptions of amputees. Freddy would need resources for his daily needs such as, transportation for his dialysis, appointments, medication pickups, groceries, etc., home health

Choose Two Priority Assessments and Provide a Rationale for Each Choice

<p>*<u>Neurological Assessment</u>:</p> <p>*Respiratory Assessment: Patient has CHF and Renal failure and has NS infusing. His lungs have coarse crackles and he has increased breathing rate and SaO2 is decreased.</p> <p>*<u>Abdominal Assessment</u>:</p> <p>*Cardiac Assessment: I would also choose a cardiac assessment because the patient has CHF and Renal Failure and has NS infusing. Freddy's BP is elevated. I would want to assess for edema for possible fluid overload.</p> <p>*<u>Skin Assessment</u>:</p>	<p>possible depending on his level of independence.</p>
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Nursing Management (Choose three areas to address)

<p>*Wound Management: Freddy is post op leg amputation. I will teach him to watch for s/s of infection and to report them to his provider. I will teach him how to do a dressing change and the importance of hand hygiene.</p> <p>*<u>Drain and Specimen Management</u>:</p> <p>*<u>Comfort Management</u>:</p>	<p>*<u>Musculoskeletal Management</u>:</p> <p>*Pain Management: Freddy is having pain now and will continue to have pain due to his amputation. I would teach about phantom limb pain. I would teach him about the medications he will be taking. I would also teach some non-pharmacological way to help manage pain.</p> <p>*Respiratory Management: I would re-educate Freddy about the importance of sticking to his fluid restrictions and to report any trouble of breathing. I would also teach S/S of hypoxia.</p>
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